

ICMR-NATIONAL INSTITUTE OF MALARIA RESEARCH  
Sector-8,Dwarka New Delhi-110077

FORMAT FOR APPROVAL OF TOUR AND WITHDRAWAL OF ADVANCE

Date:

1. Title of project :
2. Funding Agency :
3. Duration of Project :
4. P.I. of Project :
5. Duration of tour :
6. Team Members
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.
  - 7.
  - 8.
7. Place of visit :
8. Purpose :
9. Advance required :

I (applicant/P.I) undertake responsibility to follow ethical guidelines in case human subjects are involved.

I also undertake to submit the bills for adjustment of advance within 15 days from the date of completion of tour and the outstanding balance shall be liable to be recovered from me immediately there after.

Signature of applicant/Principal Investigator

Tour approved: Advance as per admissible rates.

Director